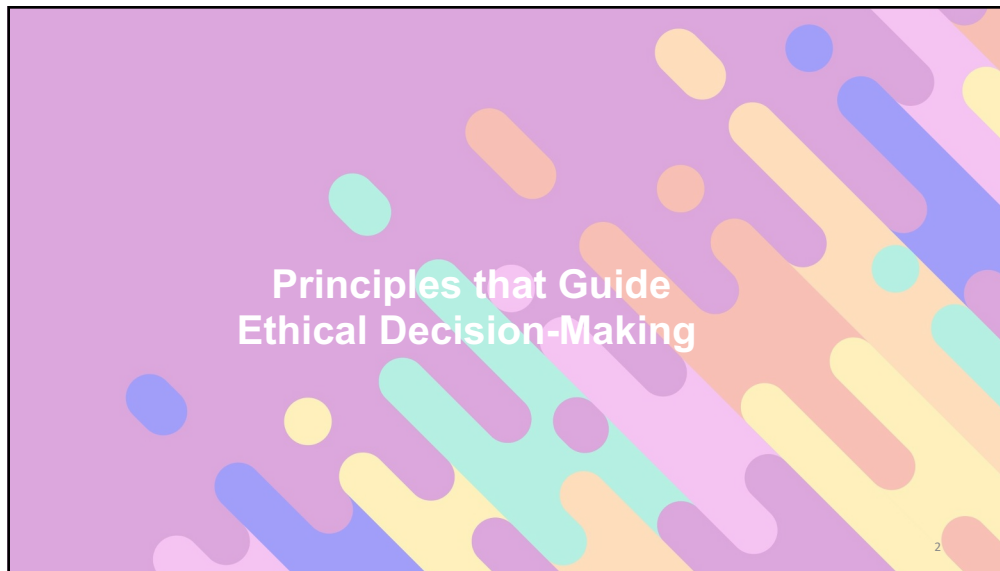




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## Principles

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- The client's right to self determination – clients have a right to make their own choices in life including bad choices. Helping professionals have to accept the fact that clients have that right. To impose their will would be unethical.
- Helping professionals have an ethical responsibility to work with clients from a strength based perspective.

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## Strength Based Counseling

The counselor searches for strengths.

- A. What do you do well?
- B. What skills do you have that have enabled you to endure so much?
- C. What do you like to do in your leisure time?
- D. What are the 3 best moments you can recall in your life?

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## Strength Based Counseling Continued

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- E. What is the best thing you ever made happen?
- F. What is your current or previous life suffering preparing you to do with the rest of your life?
- G. What have you learned from what you've gone through?

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## Principles Continued

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- Non – malice – the Helping professional will not intentionally harm their clients. Most harm done to clients is done unintentionally. This is called the **laotrogenic Effect**.

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## Iatrogenic Effect Harm in the Name of Helping

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### Diagnosis

- Misdiagnosis – 30%
- Overdiagnosis
- The diagnostic flavor of the month
- Diagnostic countertransference
- Racially influence diagnosis
- Financially influenced diagnosis
- Treating clients as if they are their diagnosis

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## Iatrogenic Effect Continued

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- Heavy confrontation
- Unwelcome touch
- Treating Aftercare as an “afterthought”
- Not addressing trauma and co-occurring disorders  
“If we could address childhood trauma, nearly 60% of what clients help children and adolescents with would be unnecessary.” CDC
- Ignoring the most addictive drug

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## Nicotine

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- Kills more people than alcohol, all illicit drugs and HIV combined
- Increases relapse rates x 3
- A trigger to return to alcohol
- Can trigger a return to heroin, methamphetamines, crack and marijuana use

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## Iatrogenic Effect Continued

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- Paternalism
- Discharge for confirming the diagnosis
- Increasing medication as a countertransference reaction
- Iatrogenic poverty
- Not addressing burnout - depersonalization
- Biases effecting clinical work

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## Principles Continued

- Justice and fairness- providing equal treatment to all people
- Fidelity- honoring commitments to those we service
- Individualization

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## Principles Continued

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- Truthfulness concerning
  - Diagnosis
  - Confidentiality (and its limits)
  - Refusal of services
  - Therapeutic approach
  - Areas of expertise

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## Principles

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- The clinician has an ethical responsibility to advocate for clients

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**The Five Things It Takes  
to be a Great Advocate for  
Clients**

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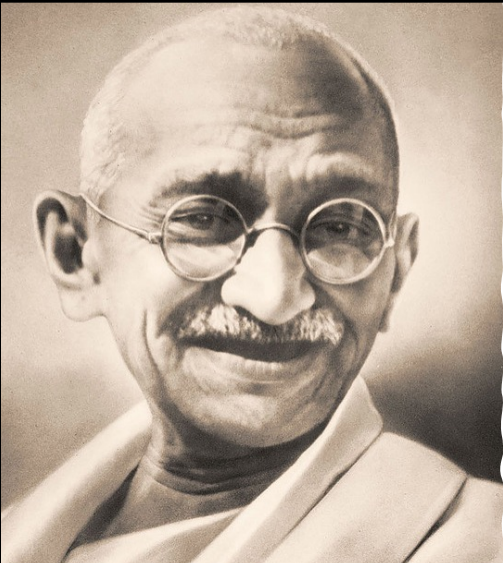
A photograph of five hands of different skin tones reaching up and interlocking to form a circle. The background is a soft, light blue gradient.

## *The Five Things It Takes to be a Great Advocate for Clients*

- Passion
- Courage
- Faith
- Love
- Inspiration

15

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A black and white portrait of Mahatma Gandhi, showing him from the chest up. He is wearing his characteristic round glasses and a shawl, with a slight smile.

## Gandhi

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Source: flickr commons

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## Dr. Martin Luther King, Jr.

Source: flickr commons



17

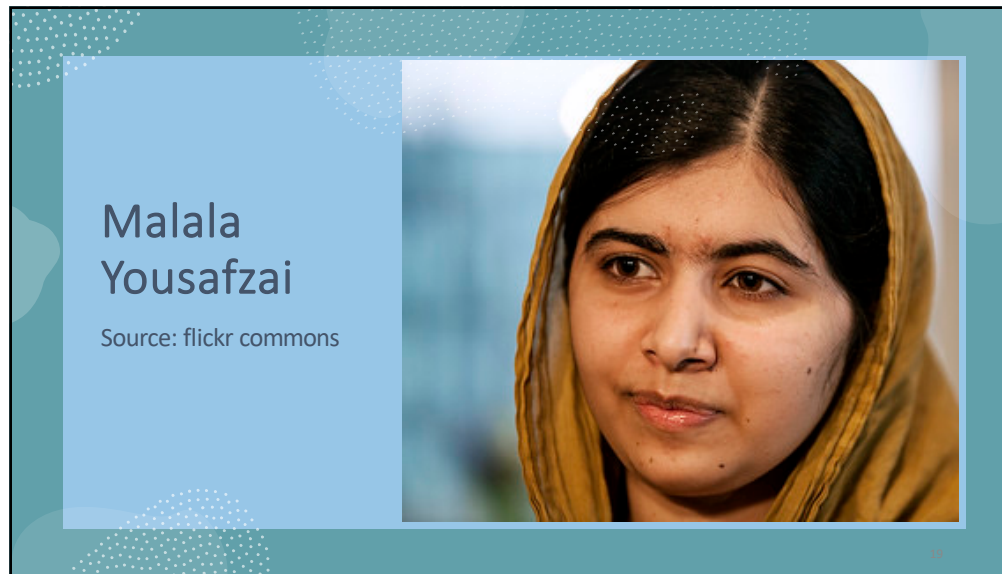


## Pee-wee Reese

Source: flickr commons

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## Principles Continued-Competence

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Helping Professionals should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation and supervised experience. Utilizing approaches backed by research.

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## 3 Important Questions

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- Who conducted the research? Where?
- Evidence based compared to what?
- Has the study been replicated and demonstrated to be effective with a wide range of client populations?



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## Counselor's Unfinished Business and Ethical Dilemmas

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### Counselor Unfinished Business

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Unresolved trauma

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Codependence – fix, control and  
do things for clients that they can  
do for themselves

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Abandonment issues

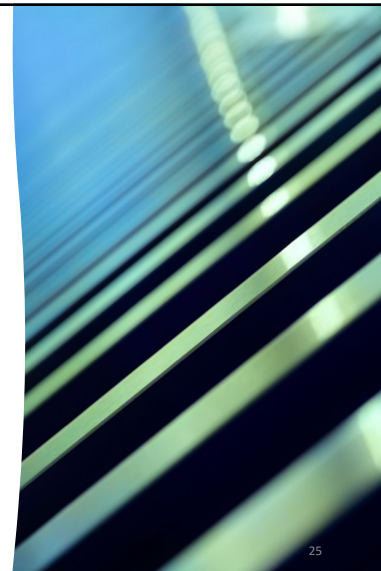
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## Termination of Services

Social workers should take reasonable steps to avoid abandoning clients who are still in need of services.

NASW 1.16



25

## Terminating Ethically

Ask yourself the following questions.

1. Is the decision to terminate mutual?
2. Is there a sound clinical reason to terminate?

Freud said the client is ready to terminate when they can:

- A. Work
- B. Love

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## Terminating Ethically

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3. Am I delaying termination because I like this client personally?
4. Am I terminating quickly because I don't like this client?
5. Am I terminating because this client is succeeding and many recent clients have had bad outcomes and I want to "Quit while I am ahead?"

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## Terminating Ethically

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6. Am I ready to terminate because this client overwhelms me?
7. Am I ready to terminate because this client bores me?
8. Am I ready to terminate because I think this client is progressing too slowly?
9. Am I delaying termination for financial reasons?

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## Terminating Ethically

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- 10. Am I delaying termination because of a countertransference reaction?
- 11. Am I delaying termination because I am a perfectionist?
- 12. Am I delaying termination because of a physical attraction?

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## Terminating Ethically

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- 13. Am I delaying termination because I need to be needed?
- 14. Am I delaying termination because of abandonment issues?
- 15. Am I delaying termination because I don't know how to terminate?

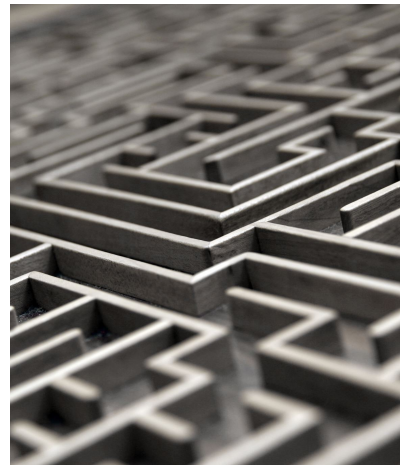
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## How to Terminate

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- Important points
- The longer the relationship between the therapist and the client, the more difficult the termination.
- The better the relationship between the therapist and the client, the more difficult the termination.
- The more sudden and unexpected, the more difficult the termination.
- The easiest way to prepare for termination is to understand how the client has dealt with separations in the past.



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## Stages of Termination and the Role of the Counselor

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1. Denial
  - A. Bring it up.
  - B. Expect and explain regression.
  - C. If the client disappears, reach out.

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## Stages of Termination

### 2. Anger

- A. Allow open expression.
- B. Try not to take it personal.



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## Stages of Termination Continued

### 3. Sadness

- A. Allow open expression.
- B. Feel free to express feelings of your own.

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## Stages of Termination

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### 4. Release

- A. Discuss client progress.
- B. Discuss work that's yet to be done.
- C. Discuss your relationship.
- D. Express confidence.

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## Counselor Unfinished Business Continued

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- Differentiation of self in the family of origin

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## Types of Boundaries

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- Loose- no one is aware of what's going on with anyone else in the family
- Enmeshed- Family members are too involved in each other's lives

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## Types of Boundaries

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- Healthy, Clear- The necessary distinction between the various subsystems is present; members are allowed the 5 freedoms

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## The Five Freedoms

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- Think what you think
- Feel what you think
- Want what you want
- See what you see
- Imagine your own self-actualization



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## Types of Boundaries (continued)

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- Loose – everyone doing their own thing
- Enmeshed – too close
- Healthy



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## Differentiation of Self

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- Differentiation of self- The ability to establish the “I” position when the system pushes you towards enmeshment

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## Unfinished Business

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- Resentments

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## Ethics Question

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As a therapist would you engage in any of the following with children, adolescents and transition-aged youth and under what circumstances? Which of these has the greatest potential for harm?

- A. Accepting a client's invitation to a special occasion.
- B. Becoming friends with a client after termination.
- C. Going out to eat with a client after a session.
- D. Inviting a client to a party or social event.

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Thank you for  
joining us!

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